Conflict-Free Case Management

Timeline:

April 1, 2016
–Enrollment of Qualified Providers will be identified and approved by DDD and DSS.

June 1, 2016
– Transition to CFCM Begins

October 1, 2016
– DHS/DDD assigns CFCM providers to waiver participants who have not chosen a CFCM provider. Waiver participants may choose another provider after DHS/DDD assignment.

November 1, 2016
– All waiver participants will have a CFCM provider.

Responsibilities	Case Manager	Community Support Provider
Point of Entry	• Receive Referral • Submit Funding Request to DDD • Collect LOC information • CM is responsible to get to know the person and identify and coordinate services and supports • Administer ICAP	• Reviewing applications from CM for direct services • When applicants come to a CSP first, a packet of information should be provided and referral made to CM organization
ISP Development	• Facilitate Pre-Meeting • Work with participant to invite team-members for in-person meeting • Conduct and coordinate assessment completion • Write the Standardized ISP • Administer ICAP • Assure implementation of ISP • Person Centered Planning • Facilitate Annual ISP	• Participate in Pre-Meeting • Complete assessments as assigned by CM • Provide input related to ICAP to CM • Assist and participate with Person Centered Planning • Participate in Annual ISP
ISP Monitoring	• Complete all components of ISP Monitoring quarterly including face to face monitoring • Ensure follow up from CSP • Submit monitoring to team • Conduct monitoring in multiple settings/locations for a participant where supports are being provided	• Provide input and make recommendations to plan • Review completed ISP Monitoring to be aware of the information that was reported on • Implementing team recommendations
ISP Revision	• Facilitate team meeting as changes are needed or as requested	• Request team meetings as warranted

Responsibilities	Case Manager	Community Support Provider
Critical Incident Reports • Per ARSD and CIR Guidelines, anyone can call in reports to DDD	• Complete internal incident reports if occurred within CM or mandatory reporting • Review CSP internal incident reports • Identify CIRs and report to DDD • Investigate ANE reports when related to ANE by CM organization • Reporting responsibilities to families and guardians • Follow up on CIRs and facilitate changes to plan if needed (preventative measures) • Ensure follow up by organization	• Complete internal incident reports • Identify CIRs and report to DDD • Investigate ANE reports • Reporting responsibilities to families and guardians • Follow up on CIRs and participate in requesting changes to plan if needed (preventative measures)
HRC/BIC	• Participate in HRC/BIC Meetings • Updating ISP based on plans • CM can assist in obtaining consents for psychotropic medications when time permits; if an emergency basis, CSP will obtain consent • Team approval for psychotropic medications on an on-going basis will be organized by CM	• HRC/BIC composition is determined and assured by CSP • HRC/BIC meetings are facilitated by the CSP • Writing plans requiring review by HRC/BIC • Ensure approval prior to implementation • Implementing plans as approved by HRC/BIC • CM can assist in obtaining consents for psychotropic medications when time permits; if an emergency basis, CSP will obtain consent
Emergency Restrictions • Also follow HRC/BIC procedures identified above	• Document emergency restrictions in monitoring and facilitate team discussion if necessary	• Entity identifying emergency restrictions documents and reports to HRC/BIC and team within 24 hours, per ARSD
Significant Change Requests	• All team members must agree to the changes prior to implementation • CM reviews SCRs submitted by CSP and submits to DDD when all parties are in agreement	• All team members must agree to the changes prior to implementation • CSP makes recommendation for change in service to CM through SCR form • Cannot make changes in services until SCR is approved by the team
SMART	• SMART Elements will be assigned based upon CFCM duties and reviewed accordingly	• Some SMART elements will remain under CSP responsibilities and reviewed accordingly

Additional Items of Clarification:

- CSP will follow policies and procedures as well as participant's ISP when medical emergencies and medical non-emergencies and inform CM through reports or within CM hours of operation via phone. Guardian contact will be made by CSP when emergencies arise.
- The CSP or Rep Payee will report the participant's financial status annually, or more often if requested, to conservator, guardian, etc. Financial records for personal finances will be maintained by CSP. Financial information should be made available to the CM when requested for benefits management. Annual eligibility forms for DSS will be completed by the CM. SNAP will be completed by the CSP. There should be a focus on employment with teams and participants.
- Personal Outcome Measures should be completed by CSPs, CMs, CQL, or DDD as determined by the team, DDD planning, and CQL activities. Certification and training is a key component in this area. CSPs should continue to see the value in this data and should be monitoring data for strategic planning and consider the information for CQL's Factor 10 Basic Assurances.
- CSP Nursing will communicate with CM of med changes. ISP will need to be updated with these changes.
- CFCM organizations will initiate the change to Case Management from CSP to CFCM through the SCR process.